



Dental Screening Evaluation Form

Sea Mar Family Dental



Center Name: _____

Program Code: _____ Date of Screening: _____

Name: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

____ Early Learning Child ____ Community Child ____ Parent/Guardian

Provider Name: _____

RESULTS OF DENTAL SCREENING

_____ No obvious dental problems were found. See your dentist every six months for regular dental check ups.

_____ Some dental problems were identified which should be evaluated further. Make an appointment with your dentist as soon as possible.

_____ The dentist has identified some dental problems which appear to need **immediate care**. Contact a dentist as soon as possible for a complete examination.

_____ Fluoride Varnish Received _____ Needs Sealants

_____ Other : _____

Dentist Signature _____ Date _____

- The dental screening completed today was a visual examination by a Sea Mar dentist. If you have any questions, please contact a Sea Mar Dental Clinic.
- If your child is covered by Medicaid or Private Insurance, this screening will be billed to them. If your child is uninsured, financial assistance will cover the cost.
- A dental screening examination does not include x-rays and does not take the place of a complete dental examination by your dentist.

If you would like to schedule a dental appointment with a Sea Mar dentist, please call a Sea Mar Dental Clinic:

King County

Burien 206-631-7316
White Center 206-965-1005
South Park 206-762-3263
Des Moines 206-212-4520
Bellevue 425-998-5980

Pierce County

Cushman Dental 253-280-9770
Puyallup 253-864-4760
Cushman Tacoma 253-280-9770

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